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ROUTING AND TRANSI. I'AL SLIP				11/26/86	
TO: (Name, office svr	nhol mom numba		Initials	Dete	
	g & ment Divi.	sion,	03	- -	
4.					
Action	File	Note	and Retur		
Approval	For Clearance	Note and Return Per Conversation Prepare Reply			
As Requested ·	For Correction				
Circulate	For Your Information	See Me			
Comment	Investigate				
Coordination		Signature			

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DO NOT use this form as a RECORD of approx clearances, and similar ac	vals, concurrences, disposats,
TROM: (Name, org. symbol, Agency/Post) DC/E5G/077	Room No.—Bldg. FE3/, Hg Phone No.
5041-102	

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SUBJECT: (Optional)				RD SHEET
	- D .			
New Communications Service FROM:	e Kequii	rements		· · · · · · · · · · · · · · · · · · ·
- I			EXTENSION	NO.
Management Division, OIT				ATE 2/ N 1 1000
				24 November 1986
TO: (Officer designation, room number, and building)	D	ATE	OFFICER'S	COMMENTS (Number and
	RECEIVED	FORWARDED	INITIALS	COMMENTS (Number each comment to show from who to whom. Draw a line across column after each commen
1. C/ESG	11/	11/	2 0	/
GD5313 HQ	/25	/25	(P)	We have been asked to identify
2. \ c./coc	+/	1/23	10	New Communication Services
2. \C/GOG \1A53 HQ			1	required for the period FY 1989 through FY 1993. Using the
				attached sample requirement sheet
3. ¢/DFG			-	please submit your request to
-				OIT/M&CG/MD, Attn: by COB 4 December 1986.
4. CAIISG	 			by cob 4 becember 1986.
432 Ames				Thank you,
5. a /who				
C/N\$G				
6. C/NSEG			· · · · · · · · · · · · · · · · · · ·	
GA051∳ HQ				
7. C/MISG				
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				NOTE: Each addressee has receive
C/NBCPO \			j	a separate copy.
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C/A&TPS				
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